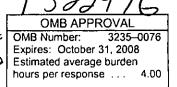
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 TEMPORARY

FORM D



SEC USE ONLY Prefix DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series D-1 Preferred Stock; and the Common Stock issuable upon conversion thereof.	
File Under (Cheek box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08063975
<u> </u>	
Novariant, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
45700 Northport Loop East, Fremont, California 94538	(510) 933-4800
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	Same as above
Same as above	
Brief Description of Business	
Development and sale of precision control and location systems	-
Type of Business Organization	PROCESSED
	(please specify):
business trust limited partnership, to be formed	NOV 1 2 2008
Month Year	1107 1 2 2000
Actual or Estimated Date of Incorporation or Organization:	THOMSON REUTERS
	THOMSON REGIERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	<u> </u>
CN for Canada; FN for other foreign jurisdiction) C	· 1

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17CFR 239.500T) that is available to be filed instead of Form D (17CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17CFR 239.500) but, if it does, the issuer must file amendments using Form D (17CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			IFICATION DATA		
2. Enter the information re-	•	_			
		er'has been organized with			
 Each beneficial ow securities of the issuer 		ower to vote or dispose, o	r direct the vote or dispos	ition of, 10% or	more of a class of equity
			orporate general and manag	ing partners of pa	rtnership issuers; and
 Each general and m 	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
Bagri, Apurv					,
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
		eet, London EC4N 6EJ, I			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or
Check Box(es) that Approx.	r romoter	E Beneficial Owner		<u></u>	Managing Partner
Full Name (Last name first, it	(individual)	·-··			*
Gibbons, James	,				
Business or Residence Addre	se (Number and St	reet City State Zin Code)			···
	•	t Loop East, Fremont, Ca			
 		Beneficial Owner		Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, it	findividual)				
Harris, Richard					
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
	•	•	lington, Virginia 22201-3	326	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				· · · · · · · · · · · · · · · · · · ·
Satterlee III, Herl					
Business or Residence Addre	ss (Number and St	reet City State Zin Code)			
	-	t Loop East, Fremont, Ca			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	Findividual)				
Quigley, William	i iliaividuai)				
	(NII 1 Ce	nunt Cita Santa Zin Carlo			
Business or Residence Addre		reet, City, State, Zip Code)			
					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Metdist, Ltd.					
Business or Residence Addre 80 Cannon Street,	•				
······································	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:	☐ Fromoter	Denencial Owner	☐ Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, i	findividual)				
Clearstone Ventu	re Partners II-A,	L.P. and affiliates			
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
1351 4 th Street, 4 th		•			
		,			

			IFICATION DATA		·
2. Enter the information re	•	_			
		uer has been organized with			
 Each beneficial ov securities of the iss 		ower to vote or dispose, o	r direct the vote or dispos	sition of, 10% or	more of a class of equity
 Each executive off 	icer and director of	corporate issuers and of co	orporate general and manag	ing partners of pa	rtnership issuers; and
 Each general and re 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i RedShift Venture		iates			
Business or Residence Addre	ess (Number and St	treet, City, State, Zip Code)			
		Arlington, Virginia 22201			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Cohen, Clark					
Business or Residence Addre 403 Seward Squar		-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Massa (Last agent God)	E in dissidently				Managing Fature
Full Name (Last name first, i	r individual)				
Business or Residence Addre	•				
c/o Novariant, Inc	, 45700 Northpoi	rt Loop East, Fremont, Ca	alifornia 94538		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
Business or Residence Addre		treet City State Zin Code)			
		rt Loop East, Fremont, Ca			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Investor Growth		affiliates			
Business or Residence Addre					
333 Middlefield R		enlo Park, CA 94025			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i Sierra Ventures I	•				
Business or Residence Addre 2884 Sand Hill Re	-	treet, City, State, Zip Code) enlo Park, CA 94025		-	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Dur, Philip	<i>-</i>				
Business or Residence Addre	ess (Number and St	treet City State Zin Code)	<u> </u>		
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						B. INFOR	RMATION	ABOUT O	FFERING					
l.	Has th	ne issuer :	sold, or do	es the issu	er intend t	v sell, to ne	on-accredite	ed investors	in this offer	ing?		******	Yes	No ⊠
					Answer	also in Ap	pendix, Col	lumn 2, if fi	ling under U	JLOE.				
2.	What	is the min	nimum inv	estment th	nat will be	accepted fi	rom any ind	lividual?				\$ <u>N/A</u>		
													Yes	No
3.					-	_							\boxtimes	
4.	a pers	nission or son to be , list the	similar realisted is as name of the	muneration n associate he broker	n for solic ed person : or dealer.	itation of p or agent of If more th	urchasers ii `a broker o	n connectio r dealer reg) persons to	n with sales istered with the listed a	of securities the SEC an	or indirect s in the offe id/or with a d persons of	ring. If state or		
Full	Name	(Last nar	ne first, if	individual)									
Busi	ness o	r Residen	ce Addres	s (Numbe	r and Stree	t. City. Sta	ite, Zip Cod	e)						
							, r	-,						
Nam	e of A	ssociated	Broker or	Dealer										
State	es in W	/hich Per	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	ers						
(C	heck '	"All State	s" or chec	k individu	al States)								☐ Ai	I States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[I D]
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Full	Name	(Last nar	ne first, if	individual)							· <u>-</u>		
Busi	ness o	r Residen	ce Addres	s (Number	r and Stree	t, City, Sta	tc, Zip Cod	e)	<u> </u>					
Nam	e of A	ssociated	Broker or	Dealer		<u> </u>								
State	es in W	hich Per	son Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	ers						
(C	heck '	"All State	s" or chec	k individu	al States).				**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ПА	I States
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[M		[NE]	[NV]	[NH]	[И]]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[P A	
[R	=	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P R	
Full	Name	(Last nar	ne first, if	individual)									
Busi	ness o	r Residen	ce Addres	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)					<u>-</u> .	
Nam	e of A	ssociated	Broker or	· Dealer										
State	es in W	/hich Per	son Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	ers				 		
													ПА	l States
[A.	Ll	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[I D	1
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold \$0 \$0 \$39.875,971.69 Equity \$42,150,103.30 □ Common □ Preferred Convertible Securities (including warrants) \$0 \$0 Partnership Interests..... \$0 Other (Specify _____) \$0 \$0 Total \$42,150,103.30 \$40,007,719.84 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$40,007,719.84 12 Accredited Investors \$0 0 Non-accredited Investors 0 \$0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Type of offering Dollar Amount Security Sold Rule 505 N/A Regulation A N/A Rule 504 N/A Total N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... \$ \$To Be Legal Fees..... Determined Accounting Fees. Engineering Fees Sales Commissions (specify finder's fees separately)..... Other Expenses (identify _____). Total \$To Be

Determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•	C. OFFERING PRICE	NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROC	EEDS
	b. Enter the difference between the a Question I and total expenses furnished in re	aggregate offering price given in response esponse to Part C - Question 4.a. This difference	to Part C -	\$ 42,150,103.30
5.	Indicate below the amount of the adjusted gr for each of the purposes shown. If the amo and check the box to the left of the estima adjusted gross proceeds to the issuer set fort			
			Paymen Officers Director Affiliate	, s, & Payments To
	Salaries and fees		□ \$	\$
	Purchase of real estate			_
	Purchase, rental or leasing and installat	ion of machinery and equipment	□ \$ <u> </u>	\$
	Construction or leasing of plant buildin	gs and facilities	□ \$	\$
	offering that may be used in exchange	g the value of securities involved in this for the assets or securities of another	□ s	□ \$
	Repayment of indebtedness		<u> </u>	·
	Working capital		•	
	Other (specify):	Att man in		
			\$	🗆 \$
			□ \$	S42,150,103.30
		dded)		⋈ \$42,150,103.30
	, ,			
		D. FEDERAL SIGNATURE		
foll	lowing signature constitutes an undertaking by	gned by the undersigned duly authorized person the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	l Exchange Commiss	sion, upon written request of
Iss	uer (Print or Type)	Signature /	Date f	[
	variant, Inc.	Keth Halls	(013	3 (log
Na	me or Signer (Print or Type)	Title of Signer (Print or Type)		
Set	th Halio	Chief Financial Officer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

